



Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	09/159,695
FEE TRANSMITTAL For FY 2005		Filing Date	September 24, 1998
		First Named Inventor	Barry, et al.
		Examiner Name	Jaroenchonwanit, B.
		Customer No.	25537
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2143
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	COS97087

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-2491</u> Deposit Account Name: <u>MCI, Inc.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
2. EXCESS CLAIM FEES							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							Fee (\$)
109 - 109 or HP = 0 x \$50.00 = \$ 0.00							Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							\$360.00
Indep. Claims							Fee (\$)
4 - 4 or HP = 0 x \$200.00 = \$ 0.00							Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
0 - 100 = 0		/ 50 = 0	(round up to a whole number) x \$250.00 =			\$ 0.00	
							Fees Paid (\$)
4. OTHER FEES(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Statutory disclaimer (3) 3 x \$130							390.00

SUBMITTED BY			
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Name (Print/Type)	Phouphanomketh Ditthavong	Res. No. 54,221	Date October 17, 2005

for